

**Speech-Language Pathology and Audiology Board**

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**STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

**Marina Del Rey Hotel  
13534 Bali Way  
Marina Del Rey, CA 90292  
(310) 301-1000  
July 15, 2004  
AUDIOLOGY PRACTICE COMMITTEE  
MEETING MINUTES**

**Committee Members Present**

Rebecca Bingea, M.A., Chairperson  
Marcia Raggio, Ph.D.  
Alison Grimes, AuD

**Board Members Present**

James Till, Ph.D.  
Bruce Gerratt, Ph.D.  
Sherry Washington, M.A.

**Staff Present**

Annemarie Del Mugnaio, Executive Officer  
Lori Pinson, Staff Analyst  
George Ritter, Staff Counsel  
Albert Balingit, Staff Counsel

**Guests Present**

Dennis Van Vliet, AU  
Angela Mandas, California Speech- Language  
Hearing Association  
Dan Duffy, Chattanooga Group  
Mike Stringer, President Columbia Scientific  
Ed Dunlay, Chattanooga Group  
Lesley Mateer, CIAO Company  
Jan Speirs, SLP, Scripps Hospital  
Lisa O'Connor, SLP

**I. Call to Order**

Chairperson Bingea called the meeting to order at 3:30 p.m.

**II. Introductions**

Those in attendance introduced themselves.

### **III. Discussion of Professional Responsibility & Efficacy of Treatment for Auditory Processing Disorders (APD) – American Speech-Language-Hearing Association Position Paper**

Chairperson Bingea introduced the item for discussion and asked Ms. Raggio to further explain the issue before the Board.

Ms. Raggio stated that the issue of treating and diagnosing APD has been a nebulous area of practice and has led to a potential consumer protection issue. The American Speech-Language-Hearing Association (ASHA) and the California-Speech-Language-Hearing Association (CSHA) each formulated task forces to evaluate the state of knowledge available on APD, and each issued position statements for peer review. Ms. Raggio stated that ASHA granted the Board permission to discuss the draft position paper, "Position Statement: Auditory Processing Disorders—The Audiologist's Purview." She stated that a copy of the CSHA paper was not obtained for the purposes of the Committee discussion, but should be reviewed at a future Committee meeting. Ms. Raggio stated that she was prompted to bring the issue before the Board after being approached by a colleague who expressed concern regarding an audiologist who is diagnosing and treating APD. Ms. Raggio's colleague believes the audiologist may be violating professional conduct provisions.

Ms. Raggio reviewed the highlights of the ASHA paper and its objectives as follows: to define APD, to develop the best clinical practice in screening and diagnosing APD, and to identify the appropriate personnel to perform assessments and provide APD therapy. The ASHA paper concludes that APD does exist; that audiologists are the recognized professionals to diagnose APD, but that speech-language pathologists and others should collaborate with audiologists, especially in the development of intervention plans; and that the knowledge base to diagnose and treat APD is extensive and requires additional training far beyond that of the master's program, and possibly beyond that of doctorate training. Ms. Raggio quoted portions of the ASHA paper regarding the definition of APD and its manifestations. She stated that APD is often linked to learning disorders; however, the association between the two is not always accurate. The ASHA paper calls for comprehensive assessment and intervention to treat an individual suspected of having APD. Ms. Raggio commented that there is a lack of data available on APD due to the complexity of the disorder and the variability in the nature of auditory deficits across subjects. She stated that the ASHA paper makes a strong statement regarding the need for appropriately developed diagnostic testing to confirm APD. However, at this time, there are no universally accepted screening tests. The ASHA paper stated that diagnosis should focus on the central nervous system, which requires a battery of tests. The battery of tests should include those that stress the system, including non-linguistic/nonverbal psychoacoustic tests, as well as linguistic tests. The ASHA paper further stressed that only those who have obtained extensive post-academic training should be involved in diagnosing and treating APD.

Ms. Raggio stated that most audiologists are not trained to administer psychoacoustic tests.

Ms. Grimes stated that the battery of tests identified in the draft position paper would be cost-prohibitive, and that HMOs would not reimburse for such expenses. She further stated that there is a lack of normative data for children.

Ms. Raggio reiterated that there is no “gold standard” for identifying and treating APD.

Ms. Grimes stated that she is aware of audiologists who not only diagnose APD but also implement costly treatment plans, the costs of which are borne by the family or local school district. She stated that there is no solid evidence to demonstrate that the treatment of APD is efficacious or appropriate.

The Committee discussed that the term “auditory processing disorder” has become a generic diagnosis used by many professionals to label children who may present with processing delays, attention deficit problems, or other behavioral issues affecting their ability to follow directions. It was noted that some families insist that their children be tested for APD because they are aware that special services may be given to their child if the child is identified as having APD.

Ms. Raggio explained Scientific Learning’s concepts related to the development of the Fast Forward Programs to assist children with word discrimination and temporal processing skills.

Ms. Raggio cited information from the ASHA 2004 Technical Report on Auditory Processing Disorder, and stated that the report addressed auditory integration therapy (AIT) and whether or not AIT was effective. The report concluded that there was not sufficient evidence to prove that AIT improves the clinical behavior of subjects who undergo the treatment. Further, the report concluded that AIT does not meet scientific efficacy standards to justify its use.

Mr. Till commented on other speech and language tests that have been used to identify certain deficits, and stated that the diagnostic tests may identify areas of deficit, but therapy is not always appropriate in that the deficit may not affect real-world functioning in terms of learning or inter-personal relations.

Ms. Raggio summed up the discussion by stating that the diagnosis and treatment of APD is a consumer protection issue and is being dealt with on a national level, as evident in the recently published documents of ASHA and CSHA, as well as the 1993 document published by the American Academy of Audiology. She stated that some practitioners are making false and misleading claims about the diagnosis and treatment of APD and are charging large sums of money to provide APD therapy. She further stated that these practitioners may not be competent in this area and are most likely not employing the diagnostic testing and treatment identified in the professional reports.

Ms. Del Mugnaio explained that if a complaint were received by the Board regarding a practitioner who is allegedly misdiagnosing or falsely representing their abilities to treat APD, the Board would need to employ an expert in APD to examine the complaint. She questioned whether an expert in the area existed and whether there is an acknowledged professional standard of care for managing APD. She further stated that the burden of proof for the Board may be difficult in this matter.

Ms. Raggio responded, indicating that the information in the professional reports outlines standards that should be in place and further disputes any grandiose claims that practitioners may make about treatment of APD.

Ms. Raggio stated that the Board should continue to follow this matter closely.

#### **IV. Legislation**

##### **A. SB 1158– Hearing Aid Coverage**

Ms. Del Mugnaio stated that SB 1158 is a measure that the Board voted to support at its April Committee meeting. She explained that, like SB 174 (a 2003 initiative that was defeated), SB 1158 would require health care service plans and health insurers to provide hearing aid coverage up to \$1,000 to all enrollees under 18 years of age. She pointed out that the stated coverage applies to a one-time benefit within a 36-month period. She further noted that the bill has passed out of its policy committee hearings and is being considered in the Assembly Appropriations Committee. She referenced the Board's support letter on SB 1158 in the meeting packets, and indicated that she would further track the bill and forward the support letter to the appropriate parties.

##### **B. AB 2426 – Workers' Compensation (Audiologists)**

Chairperson Bingea reviewed the bill, sponsored by the California Academy of Audiology, and stated that AB 2426 would include a doctor of audiology as a qualified medical evaluator for the purposes of assessing workers' compensation claims.

Ms. Del Mugnaio explained that this bill was reviewed at the April 15, 2004 Audiology Practice Committee meeting, at which time the Committee expressed concerns about the ambiguity of the language in defining a doctor of audiology. She stated that she phoned Jim Stassl of Sacramento Advocates (the lobbying firm for the California Academy of Audiology), who informed her that the bill was incomplete and was in need of language to define the doctor of audiology educational standards. Mr. Stassi indicated that the bill would not move forward in the 2004 legislative process, as the Board has not adopted regulations regarding doctorate education that could be referenced in the bill.

##### **C. Other Legislation of Interest to the Committee**

The Committee did not discuss any other legislative initiatives.

## **V. Report on Status of Centers for Medicare & Medicaid Services (CMS) Proposed Rule for Audiologists Professional Standards**

Ms. Del Mugnaio explained that this rule is the final order of the CMS proposal that the Board has been following since April 2003 regarding the Medicaid standards defining an audiology provider. The final rule defines an audiology provider as one who holds state licensure, or, if a state does not require licensure, acknowledges possession of the Certificate of Clinical Competence issued by ASHA. Ms. Del Mugnaio stated that the definition of an audiology provider under Medicare was amended to acknowledge state licensure back in 1994.

Ms. Grimes pointed out that ASHA supported the Medicare amendment in 1994 but was opposed to the recent changes to the Medicaid standards.

Ms. Del Mugnaio referenced the summarized comments in the CMS rule.

There being no further discussion, Chairperson Bingea adjourned the meeting at 4:30 p.m.

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Annemarie Del Mugnaio, Executive Officer